

2005-07 Policy and Program Recommendations of Governor's Council on Substance Abuse

Article I. Revenue Enhancement Proposal

This proposal was prepared at the request of the Governor's Council on Substance Abuse and does not necessarily represent the official position of the Governor's Office, the state agencies represented on the Council or the agency or organization that prepared this proposal.

Program: Foster Care Mentoring Program

Recommendation Summary *(Summary description of purpose of proposed enhancement):*

Implement a mentoring program in one Community Service Office site in each of the six Children's Administration (CA) regions in Washington to provide children in foster care with positive, supportive relationships with adults. Three sites will be implemented the first year, with the other three sites implemented the second year. More than 240 matches will be made and maintained over the two-year period. Mentors for the program will be recruited from adults who have either been in the foster care system themselves as children or who have experience with the foster care system. It is anticipated that development of relationships between positive, supportive adult mentors who have had experience in the foster care system and children who are in foster care will result in the following changes in the lives of children participating in the Foster Care Mentoring Program: increased school academic performance, increased school attendance, decreased violent or aggressive behavior, increased coping and stress management skills, and, able to function better within birth and foster family situations. A minimum of 15-percent of the program budget will be allocated to evaluate the program for a minimum of three years to determine if anticipated outcomes are being realized.

Fiscal Detail *(For each year, and for the biennium total, provide operating expenditures, staffing (FTEs) and revenue sources (if known) :*

	FY 2006	FY 2007	Total
Operating Expenditures	752,100	1,507,075	\$2,259,175
Staffing (FTEs)	0	0	0

Revenue Detail (if known)

Funding sources	General Fund State	General Fund State	General Fund State
-----------------	--------------------	--------------------	--------------------

Description of existing program (*Brief description of existing activities as they function and any anticipated changes at the current budgeted level*):

There are no current efforts within the Department of Social and Health Services that specifically focus on providing mentoring services and support to children in foster care. Other states (e.g., California, Massachusetts, and Connecticut) have developed mentoring programs for children in foster care. There was even legislation that passed the House of Representatives in the last Congressional session (Foster Care Mentoring Act of 2003) that would have given states incentives for developing mentoring programs for children in foster care.

Washington State needs to join other states in developing its own mentoring program for children in foster care because they are a very vulnerable population and require special focus.¹ The relationships established through mentoring can help mitigate the impact of many of the risk factors these children experience, thus preventing problems in the future.

Children who have spent part of their childhood in foster care are more likely than other children to suffer adverse outcomes such as dropping out of school, teen pregnancy, homelessness, or incarceration. The emotional trauma of...being removed from the family can contribute to long-term mental health concerns for the child.² Of children and adolescents age 14 and older identified with emotional disturbances, only 42-percent graduate from high school. Within three years of leaving school, 70-percent of these students are likely to be arrested.³

Research shows that relationships with specially trained, positive, supportive adult mentors can improve foster children's chances for overall success and can reduce impacts associated with the trauma of being removed from their natural families and being placed in foster care.

Providing mentoring services to children in foster care is also an extension of programs currently in place within the Department of Social and Health Services that include:

- Aging and Disability Services Administration (ADSA) Though children are not generally part of their direct service population, ADSA coordinates with the Corporation for National and Community Service to provide Foster Grandparent services for more than 3,900 Washington children.
- Division of Alcohol and Substance Abuse (DASA) has supported more than 24 county level mentoring programs for the 2003-2005 biennium and more

¹ Children's Home Society, *Mental Health Care for Foster Children and Youth*, [Online], Available at URL: http://www.chs-wa.org/2_advfostermentalhealthBACK.htm

² Dicker, S, *Improving the Odds for the Healthy Development of Young Children in Foster Care*, National Center for Children in Poverty, Columbia University, 2001.

³ Georgetown University, Center on an Aging Society. *Child and adolescent mental health services: Whose responsibility is it to ensure care?* [Online] Available at URL: <http://www.aging-society.org>. [2004 April 15].

than 13 tribal mentoring programs. More than \$500,000 in federal substance abuse prevention funds has been committed by counties, tribes, and DASA to support mentoring programs for the 2003-2005 biennium. More than \$1-million in matching fund support has been secured to support local mentoring programs.

DASA also coordinates the Washington State Mentoring Partnership (WSMP) that links together mentoring organizations across the state. WSMP leverages public and private dollars to provide centralized resources (examples: background checks for mentors and clearinghouse of local program contacts) to support mentoring programs statewide. WSMP has set a goal of establishing 1,000 new mentoring matches statewide over the remainder of the biennium and a portion of those new matches could be children in foster care.

- Juvenile Rehabilitation Administration has implemented a mentoring program for youth returning to their communities from a JRA facility. According to the Washington Institute of Public Policy, *"Preliminary Findings for the Juvenile Rehabilitation Administration's Mentoring Program,"* July 2002, participants in the program experienced less recidivism than non-participants.

Justification and Impact Statement *(Include reason for the proposed enhancement, impact on clients and services, impact on other units of government, other alternatives explored, future biennia budget impacts, one-time versus ongoing expenditures and costs, and effect of non-funding):*

- **Reason for proposed enhancement**

In 2002 alone, Department of Social and Health Services (DSHS) Division of Children and Family Services (DCFS) Children's Administration (CA) provided services to more than 93,000 youth ages 0-17. More than 11,000 children were placed in foster care at a cost of more than \$51-million.⁴ One common characteristic of children placed in foster care is the absence of supportive adults and adequate parenting in their natural homes.

Another common theme is the involvement of substance abuse in the homes of the children placed in foster care. Nationally, approximately 67-percent of parents with children in the child welfare system required substance abuse treatment services, but child welfare agencies were able to provide treatment for only 31-percent of them.⁵

Research into the impact of establishing positive adult relationships with children is quite compelling. Emmy Werner shows parenting styles that

⁴ Department of Social and Health Services, Division of Research and Data Analysis. *Risk and Protection Profile for Substance Abuse, DSHS Clients and Services, 2002.* [Online] Available at URL:

<http://www1.dshs.wa.gov/rda/research/clientdata/2002/default.shtm> [2004 April 14]

⁵ Child Welfare League of America. *Survey of state and public child welfare agencies.* Washington, DC [Online], 1997. Available at URL: <http://www.cwla.org/ndas.htm>. [2004 April 14]

reflect competence and enhance self-esteem, other supportive adults who foster trust and act as gatekeepers to the future, and opening up opportunities at major life transitions are related to resilience in children.⁶

Mentoring is a key tool for establishing supportive, positive adult relationships and for reversing the current statistics that show children in foster care being substantially more likely to engage in substance abuse behavior.⁷

How many children could benefit from mentoring?

"Imagine 15 million young Americans between the ages of 10-18 standing in line, waiting for positive role models (mentors). Now imagine that they're standing behind 2.5 million other kids who already have a responsible adult in their lives to look up to. The number of kids waiting for mentoring is what's called the 'mentoring gap,' and we need to close it," stated Washington State Lieutenant Governor Brad Owen.⁸

- **Impact on clients and services**

Research has found that mentoring can be an effective strategy for providing youth with the guidance and support they need to successfully negotiate adolescence in order to emerge as productive workers, responsible family members, and conscientious citizens as well as other benefits.

According to tightly controlled research, mentoring participants were:⁹

- 46% less likely to begin illegal drug use (minority boys were 70% less likely than their peers to initiate drug use).
- 27% less likely to begin using alcohol.
- 52% less likely to skip school.
- More confident in schoolwork performance.
- Less likely to show violent or antisocial behavior.
- Able to get along better with families.

The State of Massachusetts recently implemented a program in which children in foster care can participate in mentoring programs. Massachusetts is encouraged by reports that participants in the mentoring programs fare better in school and in their communities than foster care children who do not participate in the program.

- **Impact on other units of government**

⁶ Werner EE, Overcoming the odds. *Journal of Developmental and Behavioral Pediatrics*, Apr. 1994, 15, 131-136.

⁷ Center for Children's Mental Health, University of South Florida, *Data Trends #77* [Online], 2003. Available at URL: <http://rtckids.fmhi.usf.edu/rtcpubs/datatrends/2003full.pdf>. [2004 April 14]

⁸ Washington Lieutenant Governor Brad Owen, *Mentoring for our future*, [Online] Available at URL: <http://www.ltgov.wa.gov/speeches/mentor.html>. [2004 April 14]

⁹ Big Brothers of the National Capital Area, *Program's Impact*, 1996.

It is anticipated that a mentoring program for children in foster care will have several measurable psychological and behavioral outcomes. Short-term outcomes for mentoring shown through research include better school performance, better school attendance, and fewer school discipline referrals. So, there is a direct benefit for schools attended by children in foster care who are receiving mentoring services.

Additionally, mentoring participants develop better communication skills enabling them to function better within their birth family or foster family structure. This has implications for social service agencies, law enforcement, and schools.

- **Other alternatives explored**

- 1) Establishing a one-site pilot test of mentoring for children in foster care. We eliminated this possibility because it would be much harder to generalize program results from one site to the whole state as opposed to five sites spread out across the state.
- 2) Full-scale implementation statewide of mentoring services for children in foster care – dismissed as too costly without first knowing the impacts of programs on participants and evaluating the overall impact of the program on the projected outcomes.

- **Future biennia budget impacts**

We anticipate that the demand for the services will grow after the first biennium and would encourage planning for a 200-percent increase in the program budget for the 2007-2009 biennium as two more sites are added for each Children's Administration region.

- **One time versus ongoing expenditures**

Many of the expenses associated with the proposal will be ongoing, such as costs for supporting activities involving mentors and mentees, recruitment and training, and mentoring site coordinator positions. Since the design of the program will be to utilize existing community-based mentoring agencies whenever possible, there will be one-time costs associated with developing recruitment and training materials.

- **Effect of non-funding**

- 1) Children in foster care will continue as they have been, not receiving mentoring services that would help stabilize them and help prepare them for effective interaction with the world.

- 2) Any of several pieces of legislation before Congress could pass requiring states to provide mentoring services to children in foster care. If Washington designs, implements, and evaluates a mentoring program for children in foster care now, it will be in a better position to provide new services if mentoring for children in foster care becomes mandated by Federal law.

Proposed Implementation Plan

We propose development of a mentoring program for children in foster care modeled after the Massachusetts foster child mentor program. That state offers two kinds of mentoring to children in foster care.

First, they offer one-to-one matches with mentors who are experienced in the foster care system. Adults who have experience in the foster care system (either they were in the foster care system as children or have experience with the system as adults) are recruited to be mentors. After establishing a supportive relationship, the mentors help children they are working with to understand the complexities of the system. The mentor also provides a critical communication link between the child and the social workers and guardian ad litem. In many cases, the child will express personal needs to their trusted adult mentor that they do not talk about with their social worker or guardian ad litem. The mentor/mentee relationship allows for better communication with the child about what is happening within the legal system regarding them. Oftentimes, the mentors will accompany the child to court hearings. The mentors also maintain contact with the child if they are moved to a different foster home, meaning that the supportive relationship continues. Mentors make a minimum of a one-year commitment and there is an unspoken hope within the system that many of the mentor matches will actually turn into longer term foster placement options.

The second form of mentoring offered is group mentoring where three to five children are matched with two adults every couple of weeks to demystify the foster care process and procedures. The group mentoring does not have to be face-to-face, but needs to occur at least every two weeks for at least two hours.

We will utilize – where possible – existing community-based mentoring programs such as Big Brothers/Big Sisters to provide the mentoring services for the children in foster care. The mentoring agencies will provide background checks and assure proper basic training of mentors. Specific training will be developed for mentors who will work with children who are in the foster care system to acquaint them with how the system works currently, laws and regulations governing confidentiality, legal liability issues, and other pertinent topics.

Children's Administration mentoring site coordinators will oversee implementation of the program, monitor provision of mentoring services, help recruit adult mentors, and take the lead on developing necessary information-sharing and confidentiality agreements. The mentoring site coordinators will monitor

community-based mentoring providers to assure they are delivering services according to national Quality Assurance Standards.¹⁰

Washington State Mentoring Partnership (WSMP) staff will provide technical assistance and training to both the mentoring site coordinators and to community-based agencies providing the mentoring services.

Performance Measures and anticipated outcomes (*What are the expected outcomes from this proposal? Include specific detail for the outcome measures that will be used to assess the effectiveness of the enhanced services.*)

- Reduction in illegal drug use as measured by standardized pre and post test instruments
- Reduction in alcohol use as measured by standardized pre and post test instruments
- Increased school attendance as measured by school records
- Decrease in violent or aggressive behavior as measured by school discipline referral reports
- Increased ability to get along with natural family or foster family as measured by standardized pre and post test instruments

Proposal was prepared at the request of the Governor's Council on Substance Abuse by:

Doug Allen	DSHS/DASA	360-438-8060	allende@dshs.wa.gov
Name	Agency	Phone/E-mail	

¹⁰ Division of Alcohol and Substance Abuse, Children's Transition Initiative Mentoring Program, Quality Assurance Standards Tool, 2004.